

Use of the Critical Incident Technique to Develop Survey Items Measuring Patient Experiences of Ambulatory Care

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Overview of Critical Incident Technique



- Systematic, qualitative research method
- Used to collect and analyze reports of behaviors associated with specific outcomes
- Highly focused on providing solutions to practical problems

Critical Incident Methodology provides...



- An organized structure for data collection
- A focus on observable behaviors
- A methodology for analyzing the data
- An organized outline (taxonomy) of observed behaviors

Uses of Critical Incident Taxonomies



- Credentialing/licensure examinations (National Board of Medical Examiners)
- Anesthesiology
 - Selection of residents
 - Evaluation of performance
 - Development of resident training
- Development of asthma self-management training programs
- Identification of factors associated with medication compliance

Study Goals

- Develop a comprehensive taxonomy of the components of quality ambulatory health care, based on both patient and clinician perspectives
- Use this taxonomy to identify factors associated with quality care that are not being assessed in existing draft instrument
- Develop draft items for inclusion in CAHPS Survey

Study Design

- In-depth interviews (45-60 minutes)
 - Providers (physicians, NPs, and PAs)
 - Patients
- Goal of interviews - elicit examples of specific behaviors that are responsible for quality care or poor quality health care
- Categorize provider and staff behaviors responsible for the quality of care into a taxonomy of behaviors

Population Studied

- About 20 providers and 80 patients from each of two geographic locations (Chicago and Hawaii)
- Patient respondents at each site are divided approximately equally among four different racial/ethnic groups, to support comparative analyses
- A total of 3,011 incidents, from 207 respondents, were collected
 - 14.5 incidents/respondent, on average

Example of Patient Critical Incident

What was the situation?

I went to see my eye doctor to have a pupil exam

What happened? what did the person do?

He did the exam and explained what my problem was. He gave me a brochure with information about my condition and highly recommended I have surgery to prevent further problems from happening. He told me to think about it and call him when I made a decision about the surgery. He also gave me free samples of drops to temporarily relieve my problem.

Major Taxonomic Categories



- Rapport
- Health-related communication
- Clinical skills
- Office practices
- Patient advocacy
- Lagniappes
- Information Seeking
- Accessibility/availability
- Ethical Behavior

Patient Advocacy (Ensuring patients get needed care) Subcategories



- Contacts other agencies, MDs, or clinics on behalf of patient
- Resolves language barriers by interpreting or finding interpreter
- Facilitates access to medication or medical supplies
- Flexes administrative policy to meet patient needs
- Encourages patient to seek continued care for chronic condition
- (3 more subcategories)

Identification of Areas for Item Development and Review



- Match taxonomic categories with existing draft items
- Identify areas for which there are no existing items
 - Does behavior occur frequently enough to serve as the basis for an item?
 - Is the patient a knowledgeable informant?
- Identify items that do not correspond to taxonomic categories

Identification and Development of Candidate Items

Draft Item	Taxonomic Category and Sub-category
If you saw your personal doctor for a health problem in the last 12 months, was your personal doctor able to fix or help you deal effectively with these problems?	Clinical Competence: Prescribes appropriate/effective medication or other treatment
In the last 12 months, how often did your personal doctor ask if you had any questions during your visits?	Health-related Communication: Checks to see if patient has questions
If you saw your personal doctor for a routine visit in the last 12 months, was your personal doctor as thorough as you wanted?	Clinical Competence: Gives thorough routine examination
Did your personal doctor ever tell you that you could come in or call anytime if you have any questions or concerns about your treatment?	Accessibility/availability: Encourages patient to come in or call anytime for follow-up care

Identification of Items that ask about Non-Taxonomic Behaviors



- In the last 6 months, when you went to the doctor's office to get care for an illness, injury or condition, how often did you see your personal doctor for the visit (not a nurse or other provider from the doctor's office)?
- In the last 6 months, how often did these nurses or other providers at your personal doctor's office listen carefully to you?
- In the last 6 months, how often did these nurses or other providers at your personal doctor's office show respect for what you had to say?
- How many different specialists have you seen in the last 6 months?

- **Treats patient with courtesy and respect**
 - Asians: 73.7%; non-Asians, 54.3%; $p=.034$
 - 50 and under: 64.4%; 51 and over: 44.2%; $p=.021$
 - Patients: 58.8%; providers: 28.2%; $p=.0006$